CITY OF WEST BUECHEL

NET PROFIT LICENSE FEE RETURN FORM OL-3

www.cityofwestbuechelky.gov

Phone: (502) 459-4400 • Fax: (502) 456-6928

Print Name and Address of Business Here

Business Entity Classification

Partnership ☐ Corporation

☐ Individual

Other_

Account#

Taxable Year Ended

Day

Year

Social Security # or Federal ID #

REMIT TO

Month

			•	CITY OF WEST BUEC 3705 Bashford Avenue • West Beuch						
Due the 15th Day of the 4th Month Following the Close of the Taxable Year										
(☐ Final Return (Check only to inactivate account. Complete Question E ☐ No business activity with West Buechel during tax year									
A]	A] If business entity is exempt from net profit license fee, state why:									
	☐ Nonprofit entity with no unrelated business income ☐ No business activity ☐ Other									
B]	Business Phone #	Alternate Phone #								
C)	C) Principal business activity:									
D]	Did the Business	have	employees working with West Buechel du	iring the taxable year? If YES, Indicate	the number					
E)		-		year, state when and why:						
	☐ Dissolution ☐ Sale If by sale, give name and address of successor									
	-									
F)	Is the Business Entity and Affiliate of a Consolidated Corporate Federal Return? O No O Yes (If Yes, See Specific Instructions)									
IMPORTANT Attach Federal Return		PART IV: FEE COMPUTATION								
		1)	Adjusted Net Income (See Reverse, Line	e L of Part I)						
☐ Schedule C		2)	2) Business Apportionment (Enter 100% or Line 4 of Part III)							
☐ Schedule E		3)	Taxable Net Profit (Multiply Line 1 by Line 2)							
☐ Form 4797		4)	Occupational License Fee (Multiply Line 3 by 1%)							
☐ Form 6252		5)	Total Fees Due (Enter \$200 minimum or Line 4, whichever is greater)							
☐ Form 1065		6)	Less Estimated Payments and Credits							
☐ Form1120S		7)	Balance Due							
□ Form1120		8)	Penalty and Interest							
☐ Form 8825		9)	Total Amount Due							
Other:		10)		Refund Credit to next year estimated payment _						
RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.										
PRE	PARER'S SIGNATU	JRE	DATE I	LICENSEE'S SIGNATURE	DATE					
PRINT NAME SS#			SS# P	PRINT NAME	TITLE					

IMPORTANT Enclose Copy of Applicable Federal Forms(s)

CITY OF WEST BUECHEL **NET PROFIT WORKSHEET**

Account #

PART I: ADJUSTED NET INCOME

BUSINESS	INCOME
DUGHTEGO	LITOUTE

- A) All business entities enter the net profit or loss as shown on Federal Schedule C and/or E, the ordinary income or loss from Federal Form 1065 or Form 1120S, the taxable income AFTER special deductions and net operating loss from Federal Form 1120, the unrelated business taxable income from Form 990T, or equivalent.
- B) Individuals that report business income on Federal Schedule C and/or E, enter the gain or loss from the sale of business property used in a trade or business form Federal Form 4797 or 6252 reported on Schedule D.
- C) Partnerships and corporations that are pass-through entities for Federal tax purposes enter the additions from Schedule K of Form 1065. 1120S, or equivalent.
- D) All business entities enter other income items (See Instructions).
- E) Partnerships and corporations that are pass-through entities for Federal tax purposes enter the allowable subtractions from Schedule K of Form 1065, 1120S, or equivalent.
- F) TOTAL INCOME (Total of lines A through D less line E)

ITEMS NOT DEDUCTIBLE - ADDITIONS TO TOTAL INCOME

- G) All business entities add back the state income taxes and occupational license fees based on net or gross income deducted from the Federal return.
- H) Corporations add back the net operating loss allowed under Section 172 of the Internal Revenue Code deducted from Federal Form 1120, 1120-REIT, 990T, or equivalent.

ITEMS NOT TAXABLE - SUBTRACTIONS FROM TOTAL INCOME

- I) All business entities enter other adjustments. (See Instructions)
- J) TOTAL ADJUSTMENTS (Add lines G and H, then subtract line I. Enter the total on Line J.

All licenses whose business operations were not conducted entirely in the City of West Buechel must

K) ADJUSTED NET INCOME (Add lines F and K. Enter total here and on front, line 1 of Part IV: FEE COMPUTATION)

PART II: BUSINESS APPORTIONMENT

comp	iete tus part, regardiess of profit of loss.			
	APPORTIONMENT FACTORS	COLUMN A City of West Buechel	COLUMN Everywhere	COLUMN C A/B = C
1)	PAYROLL FACTOR Compensation Paid or Payable to Employees			
2)	SALES FACTOR Gross Receipts from Sales, Rents, Work or Services Performed			%
2)	TOTAL DEDCENTAGES			

TOTAL PERCENTAGES 3)

(Add Lines 1 and 2 of Column C)

BUSINESS APPORTIONMENT 4)

complete this part regardless of profit or loss

If your business had both a sales factor and a payroll factor, then divide line 3 by two(2). However, if the business had either a sales factor, but not both, then enter the single factor percentage here and on front, Line 2 of Part IV: FEE COMPUTATION.

%

%

DIVIDE

City Of West Buechel, Jesserson County, Kentucky I.D.#___ APPLICATION FOR BUSINESS LICENSE The following information is necessary for our records and will be held in strict confidence. 1. NAME 2. ADDRESS - Principal Business Location West Buechel Location ______Tel.No.____ 3. ACCOUNTING PERIOD Calendar Year _____, or Fiscal Year 4. FEDERAL TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY 5. TYPE OF BUSINESS 6. OTHER INFORMATION _____

SIGNATURE ____

TITLE _____

DATE ____

Make checks payable to: City of West Buechel
Mail to: 3705 BASHFORD AVE
West Buechel, Ky. 40218

NOTE: It is unlawful to engage in any business, occupation, trade or profession (within the City of West Buechel) without first having procured a license from the City Clerk of West Buechel.